



Health Care Choices for Children Transitioning to Adulthood

Naval Medical Center Portsmouth - 2012/2013



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The age of majority – when a child legally becomes an adult – is 18 in most states. Unmarried children remain eligible for TRICARE under their sponsor until age 21, or 23 if they are a full-time student. To help ease the transition to adulthood, there are programs in place that offer extended health care coverage when TRICARE eligibility is lost.

Beneficiary Counseling and Assistance Coordinators

Building 3, 3rd Floor
Mon - Fri, 7 a.m. - 3:30 p.m.
(757) 953-2610/2611

TRICARE Service Center
Health Net Federal Services
Building 249 (next to parking garage)
Mon - Fri, 7:30 a.m. - 4:30 p.m.
1-(877) 874-2273



**NMCP
Contacts**

Appointments

Hampton Roads Appointment Center
Mon - Fri, 6 a.m. - 8 p.m.
Sat, Sun & Holidays, 7 a.m. - 3:30 p.m.
1-(866) 645-4584

TRICARE Operations

To schedule a TRICARE presentation
(757) 953-6153

www.med.navy.mil/SITES/NMCP/Pages/default.aspx

Continued TRICARE Eligibility for Children with Special Needs

Permanent Eligibility

- Children with certain disabilities may retain eligibility for TRICARE beyond the normal age when benefits are lost if the child:
 - Is not married
 - Is not capable of self-support because of a qualifying condition that:
 - Existed before turning 21, or
 - Occurred between 21 and 23 while TRICARE-eligible as a full-time student

Policy Guidance

- The guidance for establishing permanent eligibility is Air Force Instruction 36-3026_IP, Section 4.6. The same guidance is used by all service branches and is otherwise designated:
 - Army - Army Regulation 600-8-14
 - Coast Guard - Commandant Instruction M5512.1A
 - Marine Corps - Marine Corps Order 5512.11D
 - Navy - BUPERS Instruction 1750.10C

Application

- The application for a continued dependency determination should be started no later than 90 days before the current eligibility expires
- Required documentation:
 - DD Form 137-5, *Dependency Statement - Incapacitated Child Over Age 21*
 - DD Form 1172, *Application for Uniformed Services ID Card and DEERS Registration*
 - Not required by the Coast Guard
 - A current narrative medical statement from the child's physician explaining:
 - The onset of the disability
 - The current cognitive and physical status
 - The child's functional level (emphasize what the child cannot do or needs help doing, rather than what the child can do)
 - Why the child is incapable of self-support
 - Proof of Medicare Parts A and B if under age 65 and entitled to Medicare because of disability or end-stage renal disease; or
 - Current statement from Social Security certifying non-eligibility if not entitled to premium-free Medicare Part A
 - Medicare is not required for active duty family members
 - Birth certificate and parents' marriage certificate
 - If the incapacitation occurred between age 21 and 23, a letter from the school registrar verifying that the child was a full time student



Service Points-of-Contact

- **USA:** Defense Finance and Accounting Office (DFAS) – Indianapolis Center
Attn: DFAS-IN-JEGCG 107
8899 East 56th Street
Indianapolis, IN 46249-0885
Ph: 317-510-3486/3482/3484
- **USAF:** DFAS – DE/PMJOB
6760 East Irvington Place
Denver, CO 80279-3000
Ph: 303-676-7907
- **USN:** Navy Personnel Command (PERS 673E), 5720 Integrity Drive
Millington, TN 38055-6730
Ph: 866-827-5672
- **USMC:** Headquarters Marine Corps
Manpower Reserve Affairs
3280 Russell Road
Quantico, VA 22134
Fax: 703-784-9828
- **USCG:** Special Needs Program Manager
USCG Office of Work-Life, J 9-0827
2100 Second Street, SW
Washington, D.C. 20593
Email: Sheila.A.Langston@uscg.mil
Ph: 202-475-5156 Fax: 202-475-5908



TRICARE Young Adult

TRICARE Young Adult (TYA) is a premium-based program offering TRICARE coverage to eligible children up to age 26

Eligibility

- Unmarried dependent child of an eligible sponsor
 - Active duty service member
 - Activated Selected Reserve member
 - Retired service member
 - Inactive Selected Reserve Member (sponsor must be enrolled in TRICARE Reserve Select)
 - Retired Reserve member (sponsor under age 60 must be enrolled in TRICARE Retired Reserve)
- At least age 21 (23 if full-time student with 50% sponsor financial support), but not yet age 26
- Not eligible for an employer-sponsored health plan
- Not otherwise eligible for TRICARE coverage (such as a child with disabilities who retains TRICARE eligibility into adulthood)

Purchasing

- The child must be registered in DEERS
- The application is available at www.tricare.mil/tya
- Take the application and initial premium payment (3 months) to a TRICARE Service Center, or mail or fax it to the North Region contractor:
 - Health Net Federal Services
P.O. Box 870162
Surfside Beach, SC 29587-9762
Fax: (888) 745-1545
- Premium payment methods:
 - Initial – personal check, cashier's check, money order, or credit/debit card
 - Monthly – automated

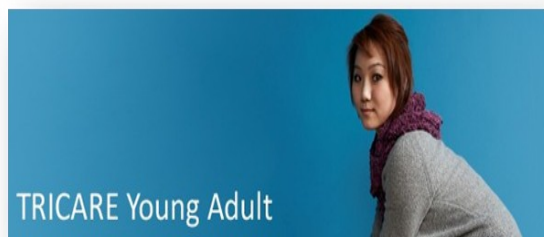


Enrollment

- After Health Net receives and processes the application, the child will receive a TYA enrollment card in the mail
- The sponsor and child must then go to an ID card office to get a new uniformed services ID card
 - Bring the TYA card and two other forms of identification, including an unexpired government-issued ID card
 - To locate an ID card office, go to the Rapids Site Locator at: www.dmdc.osd.mil/rsi
 - To schedule an appointment at an ID card office, go to: <https://rapids-appointments.dmdc.osd.mil/>
- Coverage will begin the first day of the following month after the enrollment process is complete

Ending TYA Coverage

- Voluntary termination (will result in a one-year lock-out from again purchasing TYA coverage)
- Non-payment of the monthly premium (payment is due no later than the last day of the month for the next month's coverage; non-payment will result in a one-year lock-out)
- Change in eligibility status
 - Reach age 26
 - Get married
 - Become eligible for an employer-sponsored health plan (if eligibility for an employer-sponsored plan is subsequently lost, eligibility for TYA may be reinstated; lock-out does not apply)
 - Become eligible for other TRICARE coverage
 - Sponsor ends or loses eligibility for TRICARE



TRICARE Young Adult - Choices and Costs

Option	Prime	Extra	Standard
Program Type	HMO – Managed Care	Preferred Provider	Fee-for-Service
Monthly Premium*	\$201	\$176	
Annual** Deductible	None (except for the Point-of-Service option)	Active/Reserve Sponsor E-4 & below: \$50 individual/\$100 family Active/Reserve E-5 & above, or Retired Sponsor: \$150 individual/\$300 family	
Annual** Point-of-Service Outpatient Deductible*	\$300 individual \$600 family	N/A	
Point-of-Service Cost Share*	50%	N/A	
Providers	TRICARE Authorized Military or Network	TRICARE Authorized Network	TRICARE Authorized Non-Network
Office Visit Co-Pay Active/Reserve Sponsor	\$0	15%	20%
Office Visit Co-Pay Retired Sponsor	\$12	20%	25%
ER Services Co-Pay Active/Reserve Sponsor	\$0	15%	20%
ER Services Co-Pay Retired Sponsor	\$30	20%	25%
Hospitalization Active/Reserve Sponsor	\$0	\$17.05/day (\$25 minimum charge)	
Hospitalization Retired Sponsor	\$11/day (\$25 minimum charge)	\$250/day or 25% (20% additional services)	\$708/day or 25% (25% additional services)
Claims	Provider files		Provider may file
Balance-Bill Above TRICARE Allowable Charge*	No		Up to 15% (non-participating)
Referrals & Authorizations	Required	Not required (pre-authorization required for some services when TRICARE is the primary payer)	
Annual** Catastrophic Cap	Active/Reserve Sponsor: \$1000/family Retired Sponsor: \$3000/family		

Notes:

*Monthly premiums, point-of-service charges, and balance-billing charges do not apply towards the catastrophic cap

** Annual – Fiscal Year (October 1 – September 30)

Pharmacy - Prescription Drug Benefit

	Formulary Medications		Non-Formulary
	Tier 1 – Generic	Tier 2 – Brand Name	Tier 3
Military (up to 90 days)	\$0	\$0	N/A
Mail Order (up to 90 days)	\$0	\$9	\$25
Retail Network (up to 30 days)	\$5	\$12	\$25
Retail Non-Network (up to 30 days)	Non-Prime: \$12 or 20%, after deductible is met		Non-Prime: \$25 or 20%, after deductible is met
	Prime: 50%, after Point-of-Service deductible is met		

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based, temporary health care program – similar to a civilian COBRA program – for former uniformed service members and their families. CHCBP acts as a “bridge” to provide continued health care coverage from the time TRICARE eligibility is lost until civilian health insurance is obtained. CHCBP is not part of TRICARE, but offers benefits similar to TRICARE Standard and Extra. Participation is voluntary, and beneficiaries have 60 days from the loss of TRICARE eligibility (30 days after the loss of TRICARE Reserve Select eligibility) to enroll in CHCBP.



Eligibility

- Former service members (including Guard and Reserve members activated for more than 30 days) released from active duty (under other than adverse conditions) and eligible family members. Coverage is limited to 18 months
- Unremarried former spouses who were eligible for TRICARE on the day before the final decree of divorce, dissolution or annulment. Coverage, with exceptions, is limited to 36 months
- Adult children who cease to meet the requirements to be an eligible family member and were eligible for TRICARE on the day before ceasing to meet those requirements. Coverage is limited to 36 months
- Certain unmarried children by adoption or legal custody. Coverage is limited to 36 months

Enrollment

- Submit the following to Humana Military Healthcare Services, Inc.:
 - Completed *Continued Health Care Benefit Program Application* form (DD Form 2837)
 - A payment for the first 90 days of coverage
 - Copy of the *Certificate of Release or Discharge From Active Duty* (DD Form 214)
 - Unremarried former spouses must also submit a copy of the final decree of divorce, dissolution or annulment

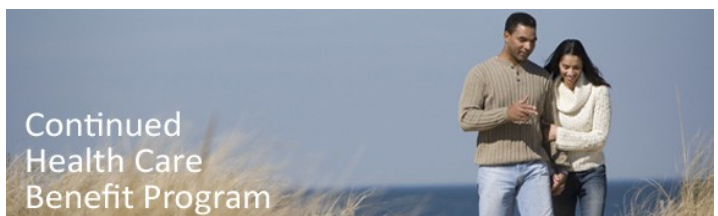
Costs

- Individual coverage is available to the sponsor, an unremarried former spouse, or an adult child
 - \$1,138 per quarter
- Family coverage is available to former uniformed service members and their dependents. For family coverage, the dependents (except for an unremarried former spouse or adult child) cannot enroll unless the sponsor is enrolled
 - \$2,555 per quarter
- Deductibles and copayments are the same as for TRICARE Standard and Extra, and depend on the sponsor's status at the time coverage is purchased

TRICARE-Authorized Providers

- Network providers
 - Benefits similar to TRICARE Extra
- Non-Network participating providers
 - Benefits similar to TRICARE Standard
- Non-Network nonparticipating providers
 - Benefits similar to TRICARE Standard
 - Can balance-bill up to 15% above the TRICARE-allowable charge
- CHCBP enrollees may not use military treatment facilities except in emergency situations

Humana Military Healthcare Services, Inc.
Attn: CHCBP, P.O. Box 740072
Louisville, KY 40201-7472
(800) 444-5445
www.humana-military.com



Secretary of the Navy Designee

- The Secretary of the Navy may authorize individuals not otherwise eligible by law to receive space-available health care in designated Navy military treatment facilities (MTF) in the United States, including Naval Medical Center Portsmouth (NMCP). Requests are considered on a case-by-case basis. To apply:
 - The patient's sponsor submits a written letter of request addressed to the MTF Commander asking for SECNAV Designee Status for continued care, and sends it to the patient's physician
 - The patient's physician must submit a letter of support justifying the need for continued care, describing the specific treatment protocol, duration, and the benefit to the Graduate Medical Education (GME) program (resident education, clinical research, etc.) and the Navy
 - The sponsor and physician letters must be submitted to the Secretary of the Navy Designee Office (NMCP, Patient Administration, Building 1, 3rd floor) for Commander review and endorsement
 - If recommended for approval at the MTF level, the completed packet is submitted for final review and approval to Navy Medicine East, Bureau of Medicine and Surgery, and the Secretary of the Navy
 - If approved, the patient would be covered for services provided at NMCP relating to the condition for which the request was submitted for a limited, specified period of time
 - All services rendered outside NMCP and any non-related services received at NMCP are not covered and the patient is responsible for all associated costs



State, Federal and Other Programs

Health Departments and Community Health Care Centers

- The nature, availability and level of health care assistance for uninsured and under-insured patients varies between localities
- Visit a local Community Health Care Center, contact the Virginia Department of Health at: (www.vahealth.org), or call (804) 864-7991 for information
- A nationwide list of Community Health Care Centers is at: <http://findahealthcenter.hrsa.gov>

State/Local Hospitalization (SLH) Program

- A cooperative effort between state and local governments to provide coverage for inpatient and outpatient hospital care, and care provided in local health departments and approved ambulatory surgical centers.
- Coverage is available to indigent people who are not Medicaid recipients.
- A person may be eligible whether employed, unemployed, insured or uninsured if certain income and resource criteria is met. Eligibility is determined by the Department of Social Services in the city or county where the applicant lives.

Medicaid

- A health care program for people with low income and limited resources, including children, the elderly and people with disabilities. Information is available from the local Department of Social Services, and the application is available at: www.dss.virginia.gov

Children's Health Insurance Program (CHIP)

- Enables states to provide health insurance to children from working families with incomes too high to qualify for Medicaid, but too low to afford private health insurance.
- This program is available in all 50 states and the District of Columbia. Program information is available at www.cms.gov/CHIPRA/
- The point-of-contact in Virginia is:

Rebecca Mendoza, Director
Maternal and Child Health Division
Virginia Department of Medical Assistance
600 East Broad Street, Suite 1300
Richmond, VA 23219
Email: Rebecca.mendoza@dmas.virginia.gov
Ph: (804) 786-3206 Fax: (804) 225-3961

State, Federal and Other Programs (continued)

Medicare

- The federal health insurance program for people age 65 and older, and for people under 65 who have been receiving Social Security disability benefits for at least two years
 - The two year waiting period is waived for people with Lou Gehrig's Disease (amyotrophic lateral sclerosis) and those with end-stage renal disease
- For information, visit: www.medicare.gov

Supplemental Security Income (SSI)

- If not already receiving SSI benefits, people with disabilities are encouraged to contact the Social Security Administration (SSA) to apply
- Most children who qualify for SSI will also qualify for Medicaid
 - In some states, Medicaid comes automatically with SSI; in other states, including Virginia, a separate application is needed
- When a child becomes an adult at 18, SSA uses different guidelines for determining SSI eligibility; For example, only the adult's income and resources – and not that of the parents or other family members – are considered when determining eligibility
 - Children receiving SSI benefits must have their medical condition reviewed by SSA when they turn 18; children not eligible for SSI before their 18th birthday should apply for reconsideration as an adult
- For information, see SSA Publication No. 05-11000, *Supplemental Security Income (SSI)*, at: www.ssa.gov/ssi/

Patient Advocate Foundation

- A national non-profit organization that provides effective mediation and arbitration services to patients to remove obstacles to healthcare including medical debt crisis, insurance access issues and employment issues for patients with chronic, debilitating and life-threatening illnesses.
- Assists patients with:
 - Medical Debt Crisis
 - Insurance Access Issues
 - Job Retention Issues



Patient Advocate Foundation
421 Butler Farm Road
Hampton, VA 23666
Phone: (800) 532-5274
Fax: (757) 873-8999
Email: help@patientadvocate.org
Web: www.patientadvocate.org/

Patient Services, Inc. (PSI)

- A non-profit organization, PSI evaluates an individual's financial, medical, and insurance situation to determine eligibility for premium or co-payment assistance; PSI provides help for many illnesses and offers many types of financial assistance
- PSI's Advocating for Chronic Conditions, Entitlements and Social Services (A.C.C.E.S.S.®) program helps families understand the complicated issues in proving entitlement for Social Security Disability, Supplemental Security Income, Medicare, and Medicaid as well as eligibility for health insurance through state high-risk pools and other alternatives, and through group health insurance continuation under federal law (COBRA and HIPAA)
- For information, visit: www.patientservicesinc.org

Patient Access Network (PAN) Foundation

- A non-profit organization, PAN provides under-insured patients with co-payment assistance through 21 disease-specific funds that give them access to the treatments and medications they need

PAN Foundation
P.O. Box 221858
Charlotte, NC 28222-1858
(866) 316-7263
Fax: (866) 316-7261
www.panfoundation.org



State, Federal and Other Programs (continued)

Partnership for Prescription Assistance (PPA)

- A non-profit organization, PPA helps qualifying patients without prescription drug coverage get the medicines they need for free or nearly free
- PPA's goal is to increase awareness of patient assistance programs and boost enrollment of those who are eligible
- PPA offers a single point of access to more than 2,500 medications through more than 475 public and private programs, including nearly 200 offered by pharmaceutical companies
- For information, call (888) 477-2669, or visit: www.pparx.org

HealthWell Foundation



HEALTHWELL
FOUNDATION®

- A non-profit organization that provides financial assistance to eligible individuals to help cover coinsurance, copayments, health care insurance premiums and deductibles for certain disease treatments and medications.
- Eligibility is based on an individual's financial, medical, and insurance situation, including those covered by private insurance, employer-sponsored plans, Medicare, or Medicaid
- For information: <http://healthwellfoundation.org/>

Community Alternatives, Inc. (CAI)

- A non-profit organization, CAI offers additional oversight of care under the direction of a Health Services Coordinator. The Health Services Coordinator provides on-going monitoring of health care needs and a coordination of medical services.
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- Eligible individuals must be 5 years of age or older, and have a diagnosis of an intellectual disability and/or other disabilities. A psychological test or proof of disability is required.



Community Alternatives, Inc.

863 Glenrock Rd., Suite 200

Norfolk, VA 23502

Tel: (757) 468-7000

Fax: (757) 468-7007

<http://www.comalt.org/index.html>

Virginia Health Promotion for People with Disabilities



Partnership for People with Disabilities

Linking people. Changing lives.

- The Virginia Health Promotion for People with Disabilities (HPPD) Project is administered by the Partnership for People with Disabilities at Virginia Commonwealth University
- This initiative was established in 2002 and is funded through the National Center for Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC)
- The HDDP Project's mission is to promote the health of people with disabilities, to prevent secondary conditions, and to eliminate disparities between people with and without disabilities in Virginia
- The HPPD Project works to improve the health of all individuals with disabilities by raising awareness of special healthcare issues and needs; by enhancing services and accessibility in the public health system; and by planning programs and activities that facilitate systems change
- The HPPD Project is the first comprehensive statewide program that specifically promotes the overall health of individuals with disabilities and the importance of preventing secondary health related conditions
- For information, visit: <http://www.hppd.vcu.edu/> or <http://www.vcu.edu/partnership/>

Additional Internet Resources

Military Home Front - www.militaryhomefront.dod.mil

Military One Source - www.militaryonesource.com

Military Child Education Coalition - www.militarychild.org

Wright's Law Advocacy and Law Libraries - www.wrightslaw.com

Endependence Center - www.endependence.org